



MVR REQUEST FORM

**** REQUIRED FOR ALL DRIVERS / POTENTIAL DRIVERS OF VEHICLES INSURED BY THE DIOCESE OF CLEVELAND MASTER INSURANCE PLAN.**

Name of Parish, School or Institution		Date of Request
Street Address		DISC Location Number
City	State	Zip Code
Phone Number	Authorized Signature	Position or Title
Return Results To:	Fax or email for results:	

PLEASE PRINT (USE ADDITIONAL SHEETS IF NECESSARY)

DRIVER'S NAME	DATE OF BIRTH	OH DRIVER'S LICENSE #	JOB TITLE	DO NOT USE FOR DISC USE ONLY OK to Drive?

FAX OR EMAIL TO DISC:
FAX: 216-325-9067 / EMAIL: ajcovington@evartstremaine.com